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ORIGINAL ARTICLE

A Qualitative Evaluation of Transgender and Gender-Nonconforming Patients' Experiences in Southern California's Inland Empire

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Abstract

Purpose: To evaluate negative and positive health care experiences within the racial-ethnically diverse transgender and gender-nonconforming (TGNC) community in the Inland Empire, California.

Methods: Three focus groups were conducted with a racial-ethnically diverse sample of 20 TGNC-identified individuals in California's Inland Empire. The rigorous and accelerated data reduction (RADaR) technique was used to systematically analyze the qualitative data and identify salient themes.

Results: Key themes included the following: a lack of TGNC cultural competency among providers, interpersonal barriers to health care, perceived systemic barriers to health care, and the effects of improper care on TGNC patients' health. Lack of cultural competency included providers' conflations of gender and sexuality and unawareness of nonbinary gender identities. Interpersonal barriers included patient experiences of being misgendered, refused treatment, and referred to by their deadnames. Perceived systemic barriers included insurance coverage, transportation issues, and a lack of expedient care. The effects of improper care were highlighted by participants seeking alternative and sometimes unsafe forms of care when timely and appropriate care was inaccessible.

Conclusion: Participants recommended increasing representation of TGNC perspectives into provider trainings, involving providers in outreach with the TGNC community, and requiring letters of recommendation and certifications for providers to be deemed TGNC culturally competent as means of improving TGNC patient care.

Keywords: focus group; health; Inland Empire; RADaR; transgender

Introduction

There is limited research on transgender and gender-nonconforming (TGNC) individuals' experiences with health care in Southern California's Inland Empire. Encompassing Riverside and San Bernardino counties, more than 50% of the over 4.5 million residents in this region identify as Hispanic and more than 20% identify as a non-Hispanic racial minority.[1,2] As of 2015, an estimated 12.8–18.1% of Inland Empire residents experienced poverty—a rate higher than both the rest of California and the United States overall.[3] The U.S. Health Resources and Services Administration estimates approximately one-third of Inland Empire residents live in a Health Professional Shortage Area.[4] This lack of health professionals contributes to a weak health care infrastructure and poor health outcomes for the region's general population.[5] A recent study estimated that about 0.6% of the U.S. population is transgender[6]—using this percentage, ~27,000 TGNC individuals may live the Inland Empire. There is a critical need to understand the health care experiences and needs of the diverse TGNC population living in this underserved region.

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A quantitative survey of TGNC people living in the Inland Empire examined their physical and mental health, health care access, and experiences of discrimination in health care settings.[7] Although over 90% of those surveyed had health insurance, many still faced other barriers to health care: 43% reported facing monetary barriers to care in the past year and 58% anticipated they would be discriminated against if they revealed their TGNC identity to medical personnel.[7] An additional study that relied on data from the same survey also revealed the majority of respondents reported mental health issues (68% reported depression or an anxiety disorder) and did not find it easy to find providers for either routine or gender-affirming care.[8] While this research underscores a strong need for TGNC culturally competent health care in the Inland Empire, it does not elucidate the complex experiences behind reported statistics and relies on a predominantly non-Hispanic White sample.[7,8] Expanding on this previous research, this study employs focus groups with a racial-ethnically diverse sample of TGNC patients in the Inland Empire to qualitatively evaluate their health care experiences.

Methods

Study design, procedures, and measures

Using a community-based participatory research (CBPR) approach, we engaged with partners from the Transgender Health and Wellness Center (THAWC) throughout the research process to design a semistructured focus group interview guide (Table 1) and determine fair participant compensation ($30 gift card). The THAWC is a nonprofit organization serving the Inland Empire, which supports TGNC people seeking health care services. The interview guide included questions about barriers to health care, cultural competency of providers, and quality of care, with three key areas in mind: (1) experiences of the community as a collective, (2) experiences of individual participants, and (3) priorities for educating providers. Participants were told the term "provider" included any provider working within a health care context, including behavioral health, primary care, dental care, pharmacy, specialty care, and other health services.

We conducted three focus groups between November 2019 and March 2020—two in the City of Riverside and one in the Coachella Valley. Participants were recruited through print flyers on the University of California, Riverside (UCR), campus and virtual flyers on the THAWC listserv. Each group was led by four members of the research team and contained six or seven participants 18+ years of age, who self-identified as TGNC and resided in the Inland Empire. Before each focus group, participants provided verbal consent and completed a short demographic survey (e.g., race/ethnicity, age, gender identity) to contextualize the qualitative data. The UCR Institutional Review Board approved the study.

Table 1. Focus Group Interview Guide

Question Set A: General experiences	What would you say are the top three health issues affecting transgender people in the Inland Empire?
	What would you say is the biggest barrier to accessing health care in the Inland Empire as a transgender/GNC person?
	How would you rate the cultural competency of health care professionals (primary care and/or specialty care) in the Inland Empire?
Question Set B: Individual experiences	What is a positive health care experience you have had?
	Probe: What about this experience contributed to it being positive?
	What is a negative health care experience you have had?
	Probe: What about this experience contributed to it being negative?
	Have you ever felt that you were not receiving the correct medical care?
	Probe: What made you feel that way? (overly invasive questions, "botched surgeries," discriminatory language, etc.)
	If you were recommending a provider (primary care and/or specialty care) to a friend, what three criteria would you recommend them on?
	Probe: Criteria can be things like knowledge of trans health issues, affordability, accessibility, etc.
Question Set C: Educating providers	How do you think educators can increase health care provider's (primary care and/or specialty care) cultural competency about transgender/GNC people in the Inland Empire?
	Probe: For example, bringing people from the community to panel, bringing people from the community to be mock patients at medical schools, or putting information on board exams
	What is something you wish your health care providers (primary care and/or specialty care) were more educated on about treating the trans community?
	Probe: This can include more education about preferred pronouns, preferred language around anatomy, more information about how to provide for specific trans health care needs like hormones, surgery, etc.
	What do you believe qualifies a health care professional as a "transgender health specialist?"
	Probe: For example, providing services associated with trans health care (like HRT, aesthetic services [facial fillers, hair removal, etc.], and linkage to services like gender-affirming surgery), knowledge of trans health issues, knowledge of trans-specific vocabulary (pronouns, binders, etc.) or other criteria

GNC, gender nonconforming; HRT, hormone replacement therapy.

Analyses

We used the rigorous and accelerated data reduction (RADaR) technique to analyze the focus group data.[9] This technique consisted of five steps in organizing, analyzing, and reducing the qualitative data to bring forth exemplary quotes and themes. First, focus group transcripts were stripped of identifiable information and formatted consistently. Then, transcripts were added to an all-inclusive table organized by transcript number, key area, question number, and focus group location. Three analysts individually reviewed the table with the overarching question in mind: "What factors contribute to the negative and positive experiences participants have when seeking care?" Irrelevant data, including quotes that did not answer the overarching question, repeated phrases, and filler phrases such as "like" and "umm," were removed. Remaining data were then open coded, producing codes that included the following: redirecting conversations and services, insensitivity to transition, access to reliable information, resistance to care, limited insurance coverage, conflating gender and sexuality, genuine interaction with the TGNC community, and diversity among medical staff. Codes and quotes were then analyzed to produce themes that emphasized recurring patterns in the data, and any inconsistency between coders was resolved through discussion. Finally, quotes were organized by theme and combined with demographic data for interpretation.

Table 2. Demographic Characteristics of the Study Sample

Variable	*n* (%)
Age, mean (range)	27 (18–56)
Gender	
Female	3 (15%)
Male	13 (65%)
Nonbinary/gender nonconforming	4 (20%)
Race	
White non-Hispanic	7 (35%)
Hispanic	6 (30%)
Asian	2 (10%)
Multiracial	5 (25%)
Highest education level	
High school	3 (15%)
Some college	12 (62%)
4-year university degree or higher	5 (25%)
Employment	
Employed	9 (45%)
Unemployed or unable to work	3 (15%)
Student	8 (40%)
County of residence	
Riverside	16 (80%)
San Bernardino	4 (20%)
Location of focus group	
Riverside	13 (65%)
Coachella Valley	7 (35%)
Has a known primary care provider?	
Yes	17 (85%)
No	3 (15%)
Has seen a transgender health specialist?	
Yes	16 (80%)
No	4 (20%)

Results

Twenty participants took part in the focus groups; demographic characteristics of this sample are detailed in Table 2. Participants ranged from 18 to 56 years of age (mean = 27), and the majority were Hispanic and/or non-White (65%; $n = 13$). Thirteen (65%) participants identified as male, 3 (15%) as female, and 4 (20%) as nonbinary or gender nonconforming (GNC).

We identified four themes during qualitative analysis: (1) lack of cultural competency among providers, (2) interpersonal barriers to health care, (3) perceived systemic barriers to health care, and (4) effects of improper care on TGNC patients' health. Table 3 highlights exemplary quotes representative of each theme.

Lack of cultural competency among providers

This theme highlights the ways in which participants felt their quality of care was diminished by providers' lack of cultural competency. Participants reported that providers do not understand the difference between gender and sexuality, resulting in incorrect assumptions about how TGNC people engage sexually. As one 20-year-old Hispanic GNC participant shared,

> "It is weird, my doctor told me. 'There's my other patient, a trans guy who only likes being penetrated.' I'm like why are you f*cking telling me this? Now I'm definitely not going to tell you anything. It's like they have one idea of what a trans man or a trans woman looks like and that's not what it is."

Participants also reported that they had to educate providers on how TGNC identities expand beyond the binary of male-to-female (MTF) and female-to-male (FTM). A 26-year-old multiracial GNC participant explained the following:

> "You have to travel down the rabbit hole of 'what is gender?' and so there's so much to educate. I feel like I'm always constantly educating people just to say who I am. I use they/them pronouns [and people are] like what do you mean? The whole system needs to be reeducated, it's not the burden to be placed on our community to claim that we exist."

In addition to having to educate providers about nonbinary identities, participants reported feeling pressured to conform to the gender binary to gain access to tools of transition (e.g., hormone replacement therapy [HRT], gender-affirming surgeries). As one 19-year-old White transgender man shared,

Table 3. Exemplary Quotes from Participants Around Four Major Focus Group Themes

	Exemplar quotes	
Theme	**Negative experiences**	**Positive experiences/suggested solutions**
Lack of cultural competency among providers	*When I went there [they were] focusing on ADD and ADHD. When I went there I [said] "Hey I just need my anti-depressants refilled before I do anything because I literally just moved [and] I ha[ve] new insurance and I don't want to stop that." But the person I went to had me take all these ADD tests because they were like "oh maybe this is what's causing it." I was like yeah perhaps, but at the same time I'm really not looking for [a] diagnosis. I just need something stable. They didn't even ask about any of my gender issues. I know this is not the reason I have chronic depression [and] you never asked about the trauma that I've had. The [therapist was] like "oh it is this and we're going to cure it and like you're not going to need anti-depressants right now." I was like ok, I just need these pills real quick.* -26-year-old multiracial GNC person *For gender therapy, it feels like they have this checklist in front of them and when you say something they're like 'oh check'. It feels like you're trying to meet their criteria and that's not how it should be.* -19-year-old White trans man *It's like quite literally they want you to be suffering. Like 'please I want to be a cis man'. Like bitch I don't want to be a cis man. I'm going in there and being like [I had an] okay childhood as a girl, I grew up as a girl. That was okay and they quite literally sat me down and told me you can't say that if you want to get this, you need to say this. I'm doing this because I want this. It's constantly lying to them, it's never talk[ing] about being dysphoric and let's fix that. It's always let's talk about your family.* -20-year-old Hispanic GNC person	*I feel like [the term] trans specialist shouldn't necessarily be a doctor but more like a counselor that knows the process and can tell you what to do and maybe can recommend doctor's they've heard in the past that are good with trans people. Kinda like a social worker they get assigned if you told your healthcare provider that you were trans. … someone to help you through the process of making decisions.* -50-year-old Hispanic trans man *I think like actual patient feedback. [People say] 'good experience with this one', 'She doesn't know what she's talking about so don't go there'. So that's good in figuring out from other people how their experience was with the professional and I think if the provider goes to trans health conferences and things where they're actually involved in the community,[then it] is a good way to gauge they know up-to-date stuff.* -21-year-old multiracial trans man *I think they also need to be taught in school about the whole aspect of stigma regarding the community. I think [that] is one of the heaviest things, since they don't know anything. [All they know] is the garbage that's put on the limelight about our community and they don't actually know anything about our community or how it works. Then they get over excited or freaked out. Both spectrums are just crushing [and] they don't know how to function as a normal doctor.* -38-year-old multiracial trans woman
Interpersonal barriers and facilitators to health care	*I once had a pharmacist that accused me of doing heroin. She said "well, you know you only need one set of needles" but I need another set to draw the medication. That's just how it works so I'm not shooting myself with dull needles and she's like "we can't give you more than a needle. If you need help [there's] drug counseling." I straight up told her I'm not doing heroin. I've been on this prescription for several years and you're giving me a hard time and the other pharmacists were laughing in the back.* -28-year-old White trans man *I have to address that my bad experiences are little things like, discomfort basically, just a little misgender, the wrong name. It's like a complete accident I understand but you know that feeling of dysphoria and to me that's where the bad experience is. There's just a lack of understanding and empathy. That's what a bad experience is to me. Just not being understood and how quick it is to be erased, that's what I'm scared about.* -20-year-old Hispanic GNC person *I started going to a person that was closer at a clinic in Redlands, but he was just the worst. Everyone that's gone to him has had uncomfortable experiences with him. I just wanted the testosterone prescription, but he would do all kinds of things. Before I got top surgery, he wanted to to know what like about my binding and stuff and he wanted to see what/how my scars were healing and he would even go and look at my crotch area. He would [also] make unwarranted comments [like] 'you might pass better if you lost weight'.* -18-year-old White GNC person	*Being empathetic and treating us as normal people and not like their weird science project. I've had a lot of providers talk down on me and I would like for that to stop. When I [saw] a gender therapist to fill out the forms to start testosterone, he was like 'well it seems like you already know a lot but we'll see about that'.* -18-year-old White GNC person *My therapist now, I think he's really good. I came in and he was like let's talk about how you feel when people address you in the wrong name, how you feel when people misgender you, let's talk about medical professionals that you've seen that you don't see anymore because they don't understand. He asked me briefly about my past and my family but it was mostly h[im] ask[ing] how does your family feel and treat you now? I'm like the same way, they've always treated me really well. I have a great family and he's like awesome. So there's less of a focus on your past, they're just like let's look at you and assess what we're here to assess. Why are you seeing me, let's talk about that. He was very straightforward.* -20-year-old White trans man

(*continued*)

Table 3. (Continued)

	Exemplar quotes	
Theme	**Negative experiences**	**Positive experiences/suggested solutions**
Perceived systemic barriers to health care	*You have to see three separate therapists. One to start T, I guess in some cases not all. Then, two separate ones just to get top surgery and you probably have to see a different one to get bottom surgery. It's so many people and it draws out. You're taking years and gaps out of your life that you're trying to dedicate to your health just so you can start living it comfortably [and] it seems incredibly counterintuitive.* -19-year-old White trans man *I have revision coming up and it's out in Los Angeles, so we'll have to drive the 2.5 hours there, have surgery, and drive the 2.5 hours back.* -38-year-old multiracial trans woman *He was like "I completely forgot this person" and he was not on it. I don't know what was wrong with this guy, but he was kind of weird so he ended up drawing this out three months whe[n] it only should have been one week.* -19-year-old White trans man	*I go to a different site. They are not all queer there, but I think what roots my good experience is that they're all Latinx. That's a big factor for me cause I literally go there and they're like "Oh my God mijo." I feel like that's what makes me feel safe. The fact [that] I go there [for] my actual doctor really helps me.* -20-year-old Hispanic GNC person *The first thing that made me feel comfortable with her was she said, "I've got two daughters and me and my wife are planning on adopting again" and I was like I already love you. Just makes you feel comfortable when you come in and they talk to you and they make you feel like you're friendly with them. It makes you feel comfortable and willing to tell them stuff.* -19-year-old White trans man *My person that prescribes the T is a PA, but he figured out a way for me to get T so I [don't pay] for it out of pocket because my insurance isn't going to take care of it if I'm trans. The PA has [it] figured out. I appreciate the fact that he mentioned a way for me to get what I wanted [even] if that meant he had to finagle the explanation. I appreciated that [and] everyone in the clinic is really sweet to me… they just treat me like a person.* -50-year-old Hispanic trans man
Effects of improper care on transgender patients' health	*Community members going three weeks plus without having their normal dosages and they start getting wigged out, so they start ordering from abroad and injecting animal estradiol and stuff.* -38-year-old multiracial trans woman *I'm thinking [about how] we're self-dosing all the time or not listening to how things should be because there isn't a standard care practice for the trans community. One doctor you see is going to give you one dosage and the next doctor you see for continuity of care is going to give you a different dosage.* -38-year-old multiracial trans woman *I was like 'Is there any way you can call me by my legal name now?' 'cus I showed them my ID and they were like 'No'. And I was like 'I'm going to stop coming here'. I stop[ped] going [and] I haven't been to the dentist in a while 'cus I don't want to go, so that's an issue.* -19-year-old White trans man *I told you guys about the dentist issue. I stopped going because I was so uncomfortable because for one second, they had to call out the wrong name. I was like I'm not going back there, and we have to dodge shit we shouldn't have to dodge. You shouldn't have to not be going to certain things because people are not taking the time to be considerate of you. So, it's like you're not taking your health all the way that you should be taking it. If you have high blood pressure and your cardiologist is being an asshole and you just stopped going, that's an issue.* -19-year-old White trans man *I think to educate the community because they don't know [what] insurance they have available for them. Because they don't know, they end up doing stuff that's not right to do, like self-dosing and things like that.* -38-year-old multiracial trans woman	

> "For gender therapy, it feels like they have this checklist in front of them and when you say something, they're like 'oh check.' It feels like you're trying to meet their criteria and that's not how it should be."

While identifying an overall lack of cultural competency, participants also shared examples of positive experiences with providers. For example, a 28-year-old White transgender man shared a positive experience with a provider who integrated herself into the community through personal connections:

> "She knows the trans experience. She dated a trans man for a while. She knows what that's like and I think that personal [and] upfront knowledge with trans people is so vital and important for healthcare providers. Because if you never met a trans person, how can you provide healthcare for them?"

Other participants provided recommendations for improving providers' cultural competency. Incorporating diverse TGNC perspectives into provider training, requiring letters of recommendation from TGNC patients, and issuing certificates to providers identifying as TGNC culturally competent were suggested as means of mitigating negative patient experiences. Participants also emphasized that volunteering and outreach could help providers gain cultural competency, by exposing them to diversity within the TGNC community—even when they did not have personal connections to it. A 38-year-old multiracial transgender woman stated,

> "Volunteering, outreach and [being] active in awareness and training. A lot of doctors stop when their clock hits stop. They're not actually being a part of our community [and are] treating us as an outside community. Having that trust in doctors that are active in our community can go a long way."

Interpersonal barriers and facilitators to health care

This theme addresses how providers' mistreatment of patients acts as a barrier to care. Participants shared experiences of providers misgendering them, calling them by their deadname (i.e., their name given at birth), refusing to treat them, and making degrading remarks. A 38-year-old multiracial transgender woman shared the following:

> "I got referred to an ear nose throat (ENT) doctor for something and they were really expedient about everything up to when I got there and it went [from being] expedient to misnaming, misgendering and then they started pushing back my appointments. They're like 'Oh no we're going to cancel your appointment today; you can't come in.' Then they stopped calling altogether and I had to reach back to my primary [so] I could get referred to someone that would actually see somebody that was trans."

Participants also shared examples of when positive interpersonal interactions strengthened their relationship with providers. A 19-year-old White transgender man shared an experience he had with a mental health provider:

> "When he gave me my letters and I saw my surgeon for the first time, he was like 'did you like the guy? Because if you don't like him, don't settle for somebody that you don't feel comfortable with. You need to meet somebody and like them.' In the community you want to get everything done, you don't want to wait. He said trans people feel like they have to settle, they have to take what they're given, they're never going to be given anything else. He said, I want you to feel comfortable with the person, I want you to feel like you actually have somebody [who] is worth seeing."

Perceived systemic barriers to health care

Participants shared their perceptions of how systemic barriers—such as inadequate insurance coverage to cover HRT prescriptions, limited knowledge of health care benefits, transportation issues, and a lack of expedient care—contributed to negative care-seeking experiences and disrupted their continuity of care. A 23-year-old White transgender woman shared her struggle with finding a provider covered by her insurance for her partner, who is also a transgender woman:

> "Her insurance is on my military disability so we can't even have her seen at Desert AIDS Project because they don't take her insurance. It's an open network so we have one doctor in the area that does take the insurance, but they don't have any connections to therapists or outreach so it's nearly impossible. From what I understand, even with Desert AIDS Project, the mental health professional that they have didn't work out, so it leaves us high and dry here in the area."

A 22-year-old White transgender man further emphasized how a lack of local health services made it necessary to travel great distances for TGNC culturally competent care, stating, "I have to travel from Joshua tree to here every time I have to see a doctor, which is an hour to an hour and half. Twice a month sometimes and surgery in Colton, which is two hours away."

Participants also described how a lack of expedient gender-affirming care presented a significant barrier to moving forward in the transition process. A 20-year-old Hispanic GNC participant shared how this lack of expedient care made them feel erased:

> "I've been waiting and waiting for referrals. I've called, I've visited. I'm supposed to be having my top surgery, it's accepted by my insurance, but I keep waiting for their letters. I'm waiting for them to do their stuff. I'm calling and it feels like I'm just being forgotten. It feels like everyone kind of has that experience within therapy not getting the letters you need in time. I feel like trans people are being erased. I feel like we are constantly being forgotten. I don't know if it's like things take time but like you['ll] call 'oh I forgot.' I've had that happen to me so many times."

While perceived systemic barriers were common, participants also reflected on instances where providers understood the implications of these barriers and worked to eliminate them. A 19-year-old White transgender man shared the following:

> "My therapist was setting up a spreadsheet that had the patient name and some notes he took for the day and a deadline that he had to meet. When I was seeing him for a letter of recommendation, he had some notes and a deadline of next week for the letter."

By being organized, this provider mitigated potential gaps in care that could arise from the lengthy process of obtaining letters for gender-affirming care.

Effects of improper care on TGNC patients' health

This theme encompasses how participants' responses to negative health care experiences affected their health. Typically, instances of improper care resulted in participants avoiding care or looking for alternative—and sometimes unsafe—forms of care. In response to the lack of expedient, appropriate care in the TGNC community, a 38-year-old multiracial transgender woman shared, "Community members going 3 weeks plus without having their normal dosages and they start getting wigged out, so they start ordering from abroad and injecting animal estradiol and stuff." Other participants reported they avoided seeking care because of uncomfortable previous experiences. As one multiracial 26-year-old GNC participant emphasized, "Honestly, it makes me not deal with health people often. I put off a lot of things because of how bad it is. I hate [that] I get such anxiety just trying to call to make an appointment."

Discussion

This study identifies key factors contributing to positive and negative health care experiences among TGNC patients in Southern California's Inland Empire. Having providers who were integrated in the TGNC community and/or advocated for patient wellbeing was important for shaping positive health care experiences. Negative experiences were primarily characterized by providers' limited knowledge about gender, sexual orientation, and/or sexual behavior; providers' explicit discrimination against TGNC patients (e.g., misgendering and treatment refusal); and patients' perceptions of systemic barriers to health care (e.g., insurance coverage and lack of local providers).

A central challenge was providers' limited understanding of TGNC lives and misconceptions about the TGNC community, which strained patient–provider relationships. Participants emphasized that providers often conflated gender and sexuality, resulting in unnecessary and uncomfortable questions about sexual behavior. Consequently, participants felt they had to meet cis-heteronormative expectations around sexuality, sexual behavior, and their bodies to receive desired referrals. Echoing findings from previous research,[10–13] participants shared that they felt providers were ill-informed beyond MTF and FTM binaries. This was significant to GNC participants who felt pressure to "pass" as binary to gain access to HRT, surgeries, and other tools of transition—despite feeling most comfortable with an androgynous or GNC esthetic. As a result, participants felt unable to be fully transparent with providers about how their gender expression related to their gender identity. This reflects findings from another focus group study in which TGNC participants withheld information about their gender in an attempt to avoid influencing provider expectations.[14]

Although many health care experiences reported by participants were negative, there were some instances where providers engaged in care that was perceived as positive. While this study did not specifically analyze differences in responses by race-ethnicity, it is worth noting that positive experiences were primarily reported by non-Hispanic White participants. Our participants suggested providers seek out genuine interactions (e.g., through volunteering and outreach) with the TGNC community, as they felt having personal connections to the community resulted in better care provision.

Another challenge for participants was perceived systemic barriers that compromised continuity of care. Participants reported that providers often forgot to file necessary paperwork for receiving timely referrals. Like another study that examined TGNC people's access to care,[15] participants faced challenges related to insurance coverage—including a scarce selection of providers and limited coverage for HRT prescriptions—which led participants to seek care with inadequate providers and/or travel far distances for care. Ultimately, it was reported that these challenges resulted in participants delaying care or engaging in risky behaviors, such as taking nonprescribed HRT medications.

Limitations

While this CBPR study provided a rich qualitative account of experiences among the under-researched TGNC population in the Inland Empire, limitations

exist. This study included a relatively small sample ($n = 20$) and its findings cannot be generalized to the entire Inland Empire or beyond. Although the majority (65%) of participants identified as non-White, there was no representation of Black TGNC individuals. Given most (65%) participants identified as transmasculine, findings may be less representative of other TGNC identities. This can alternatively be considered a study strength, given the scarcity of transmasculine representation in published research. Participants were not asked if they had insurance or about their insurance type, which limited understanding of how differences in insurance may have impacted patient experiences. Future research on TGNC patient experiences should aim to recruit larger and more diverse samples (e.g., in terms of ethnicity, gender, and education), assess racial-ethnic differences in experiences, and take into consideration insurance type.

Conclusion

This study highlights how negative TGNC patient experiences are shaped by a lack of cultural competency among providers, as well as interpersonal and perceived systemic barriers to care. It identifies how negative patient experiences adversely affect provider–patient relationships and pose a threat to continuity of care. While negative experiences were problematic and persistent, participants shared factors that contributed to positive patient experiences and provided recommendations for improving TGNC patient care. Understanding TGNC patients' lived experiences and generating community-based recommendations are vital to (1) equipping providers with knowledge to provide better care and (2) redefining what it means to be a TGNC culturally competent provider. Additional research is needed to explore the intricacies a TGNC patient experiences in the Inland Empire within sectors relevant to transition related care such as behavioral health, reproductive health, endocrinology, and surgery.

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Authors' Contributions

A.O. developed the project, conducted focus groups, analyzed data, and drafted the article. J.F. conducted focus groups, analyzed data, and drafted the article. K.L. conducted focus groups and analyzed data. C.C. conducted focus groups. B.B. trained the research team to lead focus groups, assisted with project development, and provided feedback on the article. A.N.P. contributed to the article draft and revisions. All authors read and approved the final article.

Author Disclosure Statement

No competing financial interests exist.

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Abbreviations Used

CBPR = community-based participatory research
ENT = ear nose throat
FTM = female-to-male
GNC = gender nonconforming
HRT = hormone replacement therapy
MTF = male-to-female
RADaR = rigorous and accelerated data reduction
TGNC = transgender and gender nonconforming
THAWC = Transgender Health and Wellness Center
UCR = University of California, Riverside